

Medicaid DD Case Management

Case management is a required component of Medicaid waiver programs. In Idaho, the Department and its contractors deliver case management for children's DD waivers. The purpose of case management is to assist families to access needed DD, medical, social, educational, and other necessary services.

Medicaid waiver programs allow for the following case management activities:

- Annual reviews of services plans
- Assisting the person in the identification of potential providers
- Assisting the person to access services
- Coordination of services
- Development of a service plan
- Evaluation and monitoring of the services identified in the plan
- Informing the parent of service options

Where does ITP fit in with DD Case Management?

The Infant Toddler Program (ITP) acts as case managers on behalf of the Department for Medicaid DD services. Under this agreement, ITP is reimbursed at an administrative match rate for service coordination time when it relates to managing Medicaid services.

Under IDEA, ITP is required to deliver service coordination to families for Part C services. Part C service coordination and Medicaid case management have a lot of overlapping activities; however, there are also activities that go beyond Part C service coordination that ITP case managers must complete for Medicaid DD eligible children.

Case management activities that are outside of Part C service coordination activities include:

- 1) Assisting Medicaid's Independent Assessor with DD eligibility determinations
 - Refer to the "Medicaid DD Eligibility Determination Process" section of this e-Manual for a description of the service coordinator's role in assisting with DD eligibility determinations.
- 2) Managing Medicaid DD annual budgets
 - Refer to the next section for a description of the process for managing Medicaid budgets
- 3) Performing plan monitoring and provider monitoring activities
 - Refer to the next section for a description of the process for monitoring Medicaid DD services

Forms and Resources:

- Medicaid Children's DD Talking Points (GUIDELINES)

Medicaid DD Annual Child Budgets

Every child eligible for Medicaid DD services receives a budget to use towards the cost of services. The budget is determined based on the child's level of care needs. For example, children qualified for the State Plan receive a lower budget than children qualified for the waiver since the level of care needs increases under waiver eligibility.

Service coordinators are responsible for completing a Medicaid DD Budget Costing Sheet for DD services identified on a child's IFSP. The costing sheet is a tool that calculates the cost of DD services based on

The Medicaid DD Costing Sheet is a tool that calculates the cost of DD services on the child's IFSP

the type, amount and frequency entered. In order to bill Medicaid for the services, a costing sheet must be completed by the service coordinator and signed by the parent.

The service coordinator must complete a new costing sheet when adding or changing DD services on the IFSP. As a reminder, DD services provided by ITP for Medicaid reimbursement include family education and interdisciplinary training. Occupational therapy, physical therapy,

speech-language pathology, and audiology are not included in the budget calculation since these are not DD services.

When to Prorate the Child's DD Budget

Prorating a child's budget ensures appropriate use of the budget, and only allots dollars for the length of the DD services during the IFSP year. There are two scenarios for prorating a budget:

- 1) When completing an IFSP addendum to add a DD service during the IFSP year:
 - A child's budget is available for one year. Therefore, when DD services start mid-plan year it is important to prorate the budget to align with the service dates on the IFSP.
- 2) When the child is turning three during the IFSP year:
 - A child's budget is available for one year. Therefore, when DD services end mid-plan year at the child's 3rd birthday, it is important to prorate the budget to align with the service dates on the IFSP.

Guidelines are available under the "Forms and Resources" section of this e-Manual that provide instructions on how to complete the Medicaid DD Budget Costing Sheet, including examples of how to prorate a budget and complete multiple addendums.

Forms and Resources:

- Medicaid DD Budget Costing Sheet with Addendum (FORM)
- IFSP Addendum with Prorated Budget Examples (GUIDELINES)

Medicaid Case Management Monitoring

The Medicaid case management process aligns with ITP's Multi-Disciplinary Team (MDT) approach. In fact, ITP goes above and beyond the Medicaid requirements for case management by using a 90-Day Review process and teaming approach for every child served by ITP. Understand that by following the standardized processes ITP has in place for meeting Part C requirements, specifically the "IFSP form and instructions", it ensures ITP's compliance with Medicaid requirements.

Medicaid rules require case managers to complete specific plan monitoring and provider monitoring activities to ensure services are delivered according to the child's plan of service. These activities include:

- Providers submitting a 6-month and annual Provider Status Review to the case manager to provide an update on the child's progress and treatment plan.
- Case manager completing a 6-month and annual Plan Monitoring Report that includes meeting with the family to review the current plan of service and identify changes if needed, contacting providers to identify any service barriers, and reviewing Provider Status Reviews.
- Case manager ensuring a Program Implementation Plan is developed for children receiving intervention and family training services.

Where does ITP fit in with Medicaid case management requirements?

Because of ITP's MDT approach, it is not necessary for ITP to adopt any additional forms used by the children's DD program to document the required case management activities. However, it is important to ensure that all of the specific components required in Medicaid rule are included in ITP's documentation.

Part 2 of the IFSP is used to demonstrate ITP's compliance with Medicaid requirements. The following chart shows the correlation between Medicaid requirements and Part 2 of the IFSP:

Medicaid Requirements	IFSP Part 2
Plan Monitoring Report <ul style="list-style-type: none">• All children's DD services IDAPA 16.03.10.526	IFSP Part 2 <ul style="list-style-type: none">• Child Outcomes• Parent/Caregiver Outcomes• Service Coordinator Outcomes• Transition Planning Section Completed at 6 Month and Annual Reviews by Service Coordinator, MDT, and parents
Program Implementation Plan <ul style="list-style-type: none">• Interdisciplinary Training IDAPA 16.03.10.526	IFSP Part 2 <ul style="list-style-type: none">• Child Outcomes• Parent/Caregiver Outcomes• Service Coordinator Outcomes Completed at Initial IFSP, Annual IFSP, and IFSP Addendums that involve adding or modifying outcomes

How does ITP deliver case management for children receiving services from outside providers?

The exception to using Part 2 of the IFSP to meet Medicaid requirements is when the **child is receiving services from an outside provider**. For these instances, there is a slightly different process to collect the Provider Status Review and provide feedback to the outside agency.

A family may decide to receive DD services outside of ITP from a Developmental Disabilities Agency (DDA) qualified to serve children birth - 3. Although ITP is not the provider of services in this instance, it is still ITP's responsibility to complete case management and oversight activities of these providers.

The provider monitoring process is different since the outside provider is not an active member of the ITP MDT meeting. For this reason, ITP uses the same process as the children's DD program to collect Provider Status Reviews and Program Implementation Plans from outside providers.

Process for collecting Provider Status Reviews (Outside Providers):

- 1) Service coordinator collects and reviews 6 month and annual Provider Status Reviews from DDA's delivering **habilitative supports, habilitative intervention, or family training** to children with an IFSP.
- 2) If the review is not received within the required timeframes, service coordinator contacts the DDA to request this information.
 - 6 Month Review - Must be submitted within 30 days after the 6 month date
 - Annual Review - Must be submitted at least 45 days prior to the IFSP end date
- 3) If the Provider Status Review is not received within 30 days of contact, service coordinator discusses with the family and provider that the services will be discontinued if it is not received.
- 4) Service coordinator completes Part 2 of the IFSP to meet the Plan Monitoring Review component.
- 5) If outcomes are not being met or changes are needed, the service coordinator discusses with the family and provider and identifies changes to service provision. ITP must provide all IFSP addendums to the outside provider to authorize the changes.

Process for collecting Program Implementation Plans (Outside Providers):

- 1) Service coordinator collects and reviews the Program Implementation Plan (PIP) from DDA's delivering **habilitative intervention and family training, or interdisciplinary training**.
- 2) Service coordinator ensures the PIP is written, implemented, and submitted to them within 14 days of the first day of services. If it is not completed, there must be a documented child-based justification for the delay.
- 3) All PIP objectives must be related to an outcome on the child's IFSP. If the service coordinator has concerns with the PIP, it should be discussed with the provider for correction.

The following chart outlines the documentation requirements for DDA providers:

Medicaid Requirements	Provider Forms
<p>Provider Status Review</p> <ul style="list-style-type: none"> • Habilitative Supports • Habilitative Intervention • Family Training <p>IDAPA 16.03.10.664 and 684</p>	<p>A DDA must use Department approved forms for Provider Status Reviews.</p> <p>Forms are located on the Medicaid children's DD website at www.childrensddservices.dhw.idaho.gov.</p>
<p>Plan Monitoring Report</p> <ul style="list-style-type: none"> • All children's DD services <p>IDAPA 16.03.10.526</p>	<p>IFSP Part 2</p> <ul style="list-style-type: none"> • Child Outcomes • Parent/Caregiver Outcomes • Service Coordinator Outcomes • Transition Planning Section <p>Completed at 6 Month and Annual Reviews by Service Coordinator, MDT, and parents</p> <p>Plan monitoring must also include a review of service utilization reports to ensure outside providers are billing services in accordance with the IFSP.</p>
<p>Program Implementation Plan</p> <ul style="list-style-type: none"> • Habilitative Intervention • Family Training • Interdisciplinary Training <p>IDAPA 16.03.10.526</p>	<p>An example of a PIP is located at www.childrensddservices.dhw.idaho.gov.</p> <p>The Department does not require provider's use a specific PIP form, however the PIP must include the following components (IDAPA 16.03.10.526.07.03.c):</p> <ul style="list-style-type: none"> • Participant's name • A baseline statement • Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. • Written instructions to the staff that may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. • Identification of the type of environment(s) and specific location(s) where services will be provided. • A description of the evidence-based treatment approach used for the service provided. • When the child has a current positive behavior support plan, it must be incorporated into the program implementation plan. • When interdisciplinary training is provided, identification of the type of interdisciplinary training and the objectives related to the training must be included on the program implementation plan. • Target date for completion, not to exceed one (1) year. • The program implementation plan must be reviewed and approved by the DDA clinical supervisor, as indicated by signature, credential, and date on the plan.